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APR 18 2005

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008176 7590 03/01/2005

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04/19/2005 HUJONG2 00000034 500259 10803149

01 FC:1504 300.00 OP
02 FC:2501 700.00 OP

03 FC:0001 9.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/803,149	03/17/2004	Robert M. McMillan	057723.000015	5044
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TITLE OF INVENTION: HIGH ACCURACY MEASURING AND CONTROL OF LOW FLUID FLOW RATES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$700	\$300	\$1000	06/01/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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PATEL, HARSHAD R	2855	073-204210
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Bracewell & Giuliani LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

McMillan Company

Georgetown, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

A check in the amount of the fee(s) is enclosed.

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0259 (enclose an extra copy of this form).

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Authorized Signature Albert B. Kimball, Jr.

Date

4/14/05

Typed or printed name Albert B. Kimball, Jr.

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